

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

26668

1. PLACE OF DEATH

County JACKSON

Registration District No. 388

Township KANV

Primary Registration District No. 1000

City KANSAS CITY

(No. 107 WEST 36TH)

File No. 3425

Registered No. 3425

St. Ward

2. FULL NAME

MRS ZELLA M

WILMOT

(a) Residence, No. 107 WEST 36TH

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

FRANK E. WILMOT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 28 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

58

7

29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

TAMARCA ILLINOIS

13. NAME

THEODORE WILLIAMS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

ILLINOIS

15. MAIDEN NAME

MARY ELLEN GLASFORD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

ILLINOIS

17. INFORMANT (ADDRESS)

MRS. ARTHUR WILLIAMS 107 WEST 36TH ST

18. BURIAL, CREMATION, OR REMOVAL

PLACE ST. LOUIS, MO. DATE AUGUST 29 1933

19. UNDERTAKER (ADDRESS)

D. W. NEVYCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED

28 33 M. M. (Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 27 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to Aug 27 1933

I last saw him alive on Aug 27 1933. Death is said to have occurred on the date stated above, at 11:15 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Tarry dependent) 4233  
Other contributory causes of importance: Interwoven Spondylitis + Myelitis 1931.

Name of operation No. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Sheldon, M. D.

(Address) 822 Walnut

(Address) A. E. W. M.

604 Commerce Bldg  
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